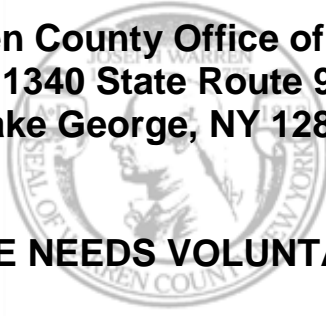


**Warren County Office of Aging**  
**1340 State Route 9**  
**Lake George, NY 12845**



**PEOPLE WITH SPECIAL CARE NEEDS VOLUNTARY REGISTRATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_

Physical Address \_\_\_\_\_

Village or Town \_\_\_\_\_ Zip \_\_\_\_\_ Primary Residency Yes ☐ No ☐

Are you out of state for a period of time Yes ☐ No ☐ If yes, when \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ TDD/TDY (for hearing impaired) Yes ☐ No ☐

Primary Language \_\_\_\_\_

Person to Contact in an Emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

(To be used for Transportation and Sheltering Purposes)

**Check applicable medical conditions:**

Can walk unassisted ☐  
Walk with: Walker ☐ Cane ☐  
Use Wheelchair ☐  
Bedridden ☐  
Hearing-impaired ☐  
Legally Blind ☐  
Speech-impaired ☐  
Contagious Disease ☐  
Specify other limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies \_\_\_\_\_

**Check any of the following you require:**

Respirator ☐ Dialysis ☐  
Insulin ☐ IV Fluids ☐  
Feeding Tube ☐ Suction Unit ☐  
Other Special Medications ☐  
Special Diet ☐  
If yes, what type? \_\_\_\_\_  
I require a 24-hr caregiver ☐  
I require Oxygen ☐  
I have an oxygen machine ☐  
I have a portable oxygen tank ☐  
I subscribe to Lifeline ☐

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Home Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacist \_\_\_\_\_ Phone \_\_\_\_\_

## **Evacuation Requirements**

If I have to evacuate I will go to:      Family ☐      Friend ☐      Shelter ☐

Name \_\_\_\_\_ Phone \_\_\_\_\_

Can you get to an evacuation shelter without outside help?      Yes ☐      No ☐

Will a caregiver accompany you to the evacuation shelter?      Yes ☐      No ☐

If no, check the appropriate transportation type needed:

☐ Standard vehicle (car, bus)      ☐ Wheelchair Capable      ☐ Ambulance

**FIRE DISTRICT** (if known): \_\_\_\_\_

## **Pets**

Do you have pets?      Yes ☐      No ☐

Type:   Cat ☐      Dog ☐      Bird ☐      Other ☐

Do you have arrangements for your pet(s) to be cared for by someone else in the event you need to evacuate?      Yes ☐      No ☐

Will your pet(s) need to be evacuated and sheltered?      Yes ☐      No ☐

*I certify the above information is correct. I hereby consent to have my name placed in the Warren emergency registry of special needs persons. The undersigned understands that registration does not guarantee that Warren County, or any other agency, will provide assistance. In accordance with state law, Warren County is not liable for any claim bases upon the good faith failure to exercise or performance or the good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster preparedness plan. By my signature hereon, I waive any and all claims against Warren County arising from use of this registry pursuant to law. I further understand that Warren County will rely upon the information given by me in this registration and agree to provide updated information as soon as it becomes available.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Optional**

I hereby consent and pre-authorize emergency response personnel to enter my home during search and rescue operations if necessary to assure my safety and welfare during an emergency or natural disaster.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to:      Warren County Office of Aging  
1340 State Route 9  
Lake George, NY 12845

\_\_\_\_\_ Do Not Write Below This Line \_\_\_\_\_

For Emergency Use Only

File # \_\_\_\_\_

Registration Date \_\_\_\_\_

Revision Date \_\_\_\_\_

**Advance Planning is the Best Way to Help Yourself!**